

# EXHIBIT G

**Mason, Dawn**

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**From:** Mason, Dawn  
**Sent:** Thursday, September 19, 2019 9:22 AM  
**To:** Sussman, Howard  
**Cc:** Long, Anne Marie  
**Subject:** RE: FW: [REDACTED] Medical Exemption submission packet

Dear Dr. Sussman,

I shared this information with the parent. She is not happy and asked me to relay this questions: "Why is a precaution is not an appropriate basis for a medical exemption when it is indicated and documented by two physician as potentially harmful to my child?"

She does not want me to defer this to DOH before knowing the reason.

Thank you,

*Dawn*

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**From:** Sussman, Howard <hsussman@3villagecsd.k12.ny.us>  
**Sent:** Wednesday, September 18, 2019 4:17 PM  
**To:** Mason, Dawn <dmason@3villagecsd.k12.ny.us>  
**Cc:** Long, Anne Marie <along2@3villagecsd.k12.ny.us>  
**Subject:** Re: FW: [REDACTED] Medical Exemption submission packet

My determination was/is that this request for Medical Exemption from MenACWY is NOT ACCEPTABLE. It does not document a valid medical contraindication as annotated by the CDC.

Please refer the inquiry to the DOH. I welcome the definitive opinion of the DOH.

As you know, students shall not be excluded while the appeal to the DOH is ongoing.

Thank you.

Sincerely yours,  
HRS

Dr. Howard R Sussman  
District Medical Director

On Sep 18, 2019 1:43 PM, "Mason, Dawn" <dmason@3villagecsd.k12.ny.us> wrote:

Dear Dr. Sussman,

I received this packet today requesting a medical exemption for [REDACTED]. This contains more information than was submitted previously.

The parent has submitted three documents for review: Medical Exemption form signed by Dr. Bennett, a statement by Dr. Bennett, a statement from Dr. O'Hara.

The parent spoke with NYS DOH yesterday, and has included a follow-up email she received from them. The parent has asked that you let her know if more documentation is required.

Thank you,

*Dawn*

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**From:** [REDACTED]@optonline.net <[REDACTED]@optonline.net>  
**Sent:** Wednesday, September 18, 2019 12:56 PM  
**To:** Pedisich, Cheryl <cheryl.p@3villagecsd.k12.ny.us>; Mason, Dawn <dmason@3villagecsd.k12.ny.us>  
**Subject:** [REDACTED] Medical Exemption submission packet

Dear Superintendent Pedisich and Executive Director Mason,

Attached please the following documentation as it pertains to a medical exemption for my daughter, [REDACTED] I am bringing a hard copy over to the district office now.

I am hopeful that this information will satisfy the District's strict criteria for issuance of the medical exemption, as [REDACTED] is under current treatment. If it doesn't, I request that prior to any denial being issued by the school, that the district's physician comply with the protocol indicated in the attached email communication from the Department of Health. It states that the "school may request additional documentation from the parent/guardian. If needed, the school may forward the medical exemption request to the New York State Department of Health, Bureau of Immunization...for further review and a recommendation to assist the school with determining whether to accept or deny the exemption requested. The school makes the final decision." Therefore, I do not want to appeal a denial to the DOH, rather, I request that the district's physician ask the DOH for guidance and/or clarification before denying, if he is so inclined. .

The documents attached in 3 files are:

File 1: Completed form DOH-5077 and accompanying letter of support signed by Laura Bennett, M.D.,( [REDACTED] long time pediatrician) dated 9/17/19 and

diagnosis letter from her out of state treating specialist, Nancy Ohara,M.D. dated 8/6/19, both indicating a vaccine precaution;

File 2: Printout fro the CDC Vaccine Recommendations and Guidelines of the ACIP which clarify the use of "a precaution" as a means to delay immunization;

Printout from the ACIP specifically for the MenACWY vaccine which lists "Moderate or severe acute illness with or without fever" as a precaution and

Email correspondence from the NYS Department of Health clarifying the role of the DOH in a school's determination of ME validity.

File 3: Personal statement by [REDACTED] sent to Superintendent Pedisich indicating [REDACTED] need for the Medical Exemption to maintain her medical and emotional health.

I do hope that all of this information is carefully considered and a favorable decision is made. In the event that any questions arise regarding the information submitted, kindly contact me. I will make every reasonable effort to provide necessary documentation to insure [REDACTED] wellbeing and ability to continue in school.

,  
Sincerely,

[REDACTED]  
Parent of [REDACTED] gr. 9

From: doh.sm.Immunize immunize@health.ny.gov  
Subject: Information regarding Medical  
Exemptions process  
Date: Sep 16, 2019 at 5:10:10 PM  
To: [REDACTED]@optonline.net

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Hello [REDACTED]

This is a follow up to our phone conversation today regarding medical exemptions.

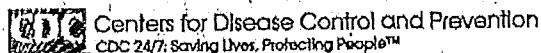
A valid medical exemption must:

1. Be on a sample medical exemption form issued by the Department <https://www.health.ny.gov/forms/doh-5077.pdf> or the NYC Department of Health and Mental Hygiene, or on a signed statement that certified that the immunization may be detrimental to a child's health;
2. Be signed by a physician licensed to practice medicine in New York State;
3. Contain sufficient information to identify the medical contraindication to a specific immunization. The Department recommends that physicians consult the ACIP guidelines for contraindications and precautions to childhood vaccinations, available at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recommendations/contraindications.html> (Please note that the guidelines contain all ACIP recommended vaccines, including some that are not currently required for schools and child day care programs in New York State; and
4. Be confirmed annually.

Medical exemption requests are submitted to the child's school. Children are permitted to stay in school while the medical exemption request is under review. The length of time to complete the review of the request depends on the level of information provided. The principal or person in charge of the school (or designee) reviews the exemption request to determine if it meets Public Health Law (PHL) Section 2164 and accepts or denies the exemption based on whether the exemption statement meets the requirements of PHL 2164. The school may request additional documentation from the parent/guardian. If needed, the school may forward the medical exemption request to the New York State Department of Health, Bureau of Immunization or the NYC Department of Health and Mental Hygiene for further review and a recommendation to assist the school with determining whether to accept or deny the exemption requested. The school makes the final decision.

Bureau of Immunization  
New York State Department of Health

|                       |          |   |
|-----------------------|----------|---|
|                       |          | administered in an inpatient or outpatient medical setting and under the supervision of a health care provider who is able to recognize and manage severe allergic conditions).   |
| IPV                   | (44)     | <p>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</p> <p>Pregnancy</p> <p>Moderate or severe acute illness with or without fever</p>  |
| LAI4V <sup>b</sup>    | (43)     | <p>Severe allergic reaction (e.g., anaphylaxis) after a vaccine component</p> <p>Concomitant use of aspirin or aspirin-containing medication in children and adolescents</p> <p>LAI4V should not be administered to persons who have taken influenza antiviral medications within the previous 48 hours.</p> <p>Pregnancy</p> <p>Moderate or severe acute illness with or without fever</p>   |
| MenACWY               | (45)     | <p>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</p> <p>Moderate or severe acute illness with or without fever</p>   |
| MenB                  | (46, 47) | <p>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</p> <p>Moderate or severe acute illness with or without fever</p>   |
| MMR <sup>(g)(4)</sup> | (1)      | <p>Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</p> <p>Pregnancy</p> <p>Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy<sup>d</sup> or patients with HIV infection who are severely immunocompromised)</p> <p>Recent (<math>\leq</math>11 months) receipt of antibody-containing blood product (specific interval depends on product)</p> <p>History of thrombocytopenia or thrombocytopenic purpura</p> <p>Need for tuberculin skin testing or Interferon-gamma release assay (IGRA) testing<sup>(h)</sup></p> <p>Moderate or severe acute illness with or without fever</p> |



## Vaccine Recommendations and Guidelines of the ACIP

### Contraindications and Precautions

General Best Practice Guidelines for Immunization: Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP)

Printer friendly version [18 pages]

### Updates

Major changes to the best practice guidance in this section include 1) enhancement of the definition of a "precaution" to include any condition that might confuse diagnostic accuracy and 2) recommendation to vaccinate during a hospitalization if a patient is not acutely moderately or severely ill.

### General Principles

Contraindications (conditions in a recipient that increases the risk for a serious adverse reaction) and precautions to vaccination are conditions under which vaccines should not be administered. Because the majority of contraindications and precautions are temporary, vaccinations often can be administered later when the condition leading to a contraindication or precaution no longer exists. A vaccine should not be administered when a contraindication is present; for example, MMR vaccine should not be administered to severely immunocompromised persons (1). However, certain conditions are commonly misperceived as contraindications (i.e., are not valid reasons to defer vaccination).

National standards for pediatric vaccination practices have been established and include descriptions of valid contraindications and precautions to vaccination (2). Persons who administer vaccines should screen patients for contraindications and precautions to the vaccine before each dose of vaccine is administered (Table 4-1). Screening is facilitated by consistent use of screening questionnaires, which are available from certain state vaccination programs and other sources (e.g., the Immunization Action Coalition [2]).

Severely immunocompromised persons generally should not receive live vaccines (3). Because of the theoretical risk to the fetus, women known to be pregnant generally should not receive live, attenuated virus vaccines (4). Persons who experienced encephalopathy within 7 days after administration of a previous dose of pertussis-containing vaccine not attributable to another identifiable cause should not receive additional doses of a vaccine that contains pertussis (4, 5). Severe Combined Immunodeficiency (SCID) disease and a history of intussusception are both contraindications to the receipt of rotavirus vaccines (6).

A precaution is a condition in a recipient that might increase the risk for a serious adverse reaction, might cause diagnostic confusion, or might compromise the ability of the vaccine to produce immunity (e.g., administering measles vaccine to a person with passive immunity to measles from a blood transfusion administered up to 7 months prior) (7). A person might experience a more severe reaction to the vaccine than would have otherwise been expected; however, the risk for this happening is less than the risk expected with a contraindication. In general, vaccinations should be deferred when a precaution is present. However, a vaccination might be indicated in the presence of a precaution if the benefit of protection from the vaccine outweighs the risk for an adverse reaction.

NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Immunization/Division of Epidemiology

## Immunization Requirements for School Attendance Medical Exemption Statement for Children 0-18 Years of Age

**NOTE: THIS EXEMPTION FORM APPLIES ONLY TO IMMUNIZATIONS REQUIRED FOR SCHOOL ATTENDANCE**

**Instructions:**

1. Complete information (name, DOB etc.).
2. Indicate which vaccine(s) the medical exemption is referring to.
3. Complete contraindication/precaution information.
4. Complete date exemption ends, if applicable.
5. Complete medical provider information. Retain copy for file. Return original to facility or person requesting form.

1. Patient's Name \_\_\_\_\_
2. Patient's Date of Birth \_\_\_\_\_ 05
3. Patient's Address \_\_\_\_\_
4. Name of Educational Institution \_\_\_\_\_ Gelinas Jrour Highschool - TVCSD

Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturers' package insert and by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Guide to Vaccine Contraindications and Precautions. This guide can be found at the following website: <http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>.

*Please indicate which vaccine(s) the medical exemption is referring to:*

|  |   |
|--|---|
| <input type="checkbox"/> Haemophilus Influenzae type b (Hib)<br><input type="checkbox"/> Polio (IPV or OPV)<br><input type="checkbox"/> Hepatitis B (Hep B)<br><input type="checkbox"/> Tetanus, Diphtheria, Pertussis (DTaP, DTP, Tdap) | <input type="checkbox"/> Measles, Mumps, and Rubella (MMR)<br><input type="checkbox"/> Varicella (Chickenpox)<br><input type="checkbox"/> Pneumococcal Conjugate Vaccine (PCV)<br><input checked="" type="checkbox"/> Meningococcal Vaccine (MenACWY) |
|--|---|

7/6/17

Please describe the patient's contraindication(s)/precaution(s) here: Chronic/Severe Lyme, Bartonella  
and past immune encephalitis. POTS/Dysautonomia. Brother had  
some administration of menactra eventually led to his death.

Date exemption ends (if applicable)

School year September 2019 - June 2020

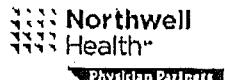
A New York State licensed physician must complete this medical exemption statement and provide their information below:

Name (print) Laura Bennett MD NYS Medical License # 159939

Address 3001 Expressway Drive North Suite 100  
Islip, NY 11749 Telephone (631)434-1770

Signature [Signature] Date 9/1/19

For Institution Use ONLY: Medical Exemption Status  Accepted  Not Accepted Date: \_\_\_\_\_



Name: [REDACTED]  
Address: [REDACTED]

Date of Visit: Sep 17 2019  
MRN: 11144340  
DOB: [REDACTED] 2005

September 17, 2019

To Whom It May Concern:

In regards to [REDACTED], and in accordance with CDC guidelines medical exemption for vaccine;

"May be detrimental to child's health means that a physician has determined that a child has a medical contraindication or precaution to a specific immunization consistent with ACIP guidance or other national recognized evidence based standard of care." Sect 66-1, l 8/18/2019 The medical contraindications are her ongoing treatment for autoimmune encephalitis, POTS/Dysautonomia and Chronic/Severe Lyme and Bartonella disease. Her brother suffered from the same medical condition and administration of Menactra gave way to his psychiatric issues that eventually lead to his death.

As per my previous communication, and Dr O'Hara's information, I recommend that she be exempt from the Menactra vaccine.

Do not hesitate to contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Laura Bennett MD".

Dr Laura Bennett MD

Northwell General Pediatrics at Islandia  
3001 Expressway Drive North, Suite 100  
Islandia, NY 11749  
Phone: (631) 434-1770  
Fax: (631) 434-1254



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3 Hollyhock Lane  
Wilton, CT 06897-4443  
Tel: (203) 834-2813  
Fax: (203) 834-2590

DATE: 08/06/2019

TO:

RE:

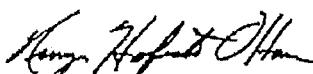
2005

Tel -  
Fax -

FROM: - Nancy O'Hara  
Number of Pages: 1

[REDACTED] is a patient of mine with chronic and severe Lyme, Bartonella and autoimmune encephalitis. As a result, she also has POTS/Dysautonomia, all of which increase symptoms of anxiety, cognitive and processing delays. She has been on antibiotics and multiple interventions to treat the above. Any further virus or other insults can exacerbate her autoimmune disease and symptoms. Please contact our office with questions.

MESSAGE:

Signed:   
E Signed 08/06/19 (#0003593 F860)